

Meeting Attendees	
Name	Organization
Mitzi Cardenas (Co-Chair)	Truman Medical Center
Doug Young (Co-Chair)	MO IT Services Division
Eric Adams	ScImage
Divyakumar Arulsamy	Infocrossing
Brian Bernskoetter	Sandlot
Dave Cheli	Gateway, EDI, LLC
Melinda Cisheros	AT&T
Carrie Copeland	St. Francis Medical Center Foundation
Matt Duffy	Bass & Associates, Inc
Teresa Gerard	Blue Cross Blue Shield of KC, KC Quality Improvement Cons.
Jim Glatz	AT&T
Heather Grefrath	Dept. of Mental Health
Randy Groce	Lewis & Clark Information Exchange (LACIE)
Bryan Henderson	ITSD - DMH
Susan Hinck	Missouri health Advocacy Alliance
Nancy Hoffman	DHSS
Neal Holt	Sac-Osage Hospital
Keith Huhn	IFOX
Ila Irwin	Cura Advantage
Kadi Johnson	SLU
Jessica Land	Patek & Assoc.
Paul Monda	MO Dept. of Health & Senior Services
Scott Monsees	Missouri Primary Care Assoc.
Zachary Morgan	The MEPS Corporation
Ebrahim Moshiri, PhD	Object Computing, Inc.
E. Rachel Mutrux	Missouri Telehealth Network
Paula Peters	ITSD - DHSS
Theresa Rogers	Missouri Hospital Association
Stephanie Rose	Washington University, St. Louis
Brian Roy	Availity, LLC
Jeff Schmitz	Object Computing, Inc.
Steve Shireman	eFishAntSea
Steve Totten	Object Computing, Inc.
Mary Travis	Salem Memorial District Hospital
Keith Turner	Turn Group Technologies
Larry Van Gels	AT&T
John Wegma	IBM
James Weldon	St. Louis University
Staff	
George Oestreich	MO HealthNet Division
Charlotte Krebs	Primaris
Beth McQuaide	MO Department of Social Services
Tim Andrews	Manatt Health Solutions
Melinda Dutton	Manatt Health Solutions
Bill Bernstein	Manatt Health Solutions
Kier Wallis	Manatt Health Solutions

Next Meeting	<p>Tuesday, January 26, 2010, 11:30 am – 2:00 pm CT 205 Jefferson Street, 10th Floor, Conference Room B, in Jefferson City, MO One-way participant dial-in: 866-922-3257, Participant Code: 57683250#.</p> <p><i>The Technical Infrastructure Workgroup will meet bi-weekly. In-person attendance is strongly recommended.</i></p>
Action Items	<p>Please contact Workgroup staff (contact information below) with questions about the Workgroup framework, process, or timeline</p> <ul style="list-style-type: none"> ➤ Individuals are encouraged to share comments on the Meaningful Use Notice of Proposed Rulemaking (NPRM) with Workgroup staff and Co-Chairs. ➤ Please review the Manatt Meaningful Use memo available online at http://dss.mo.gov/hie/resources/index.shtml ➤ Individuals are encouraged to attend one of two Meaningful Use Webinars on January 25th and February 3rd. For Webinar details please visit http://dss.mo.gov/hie/calendar.shtml. ➤ Workgroup participants are asked to review and send comments/feedback on the Strategic Plan to kwallis@manatt.com. ➤ Workgroup participants to send suggestions of additional stakeholders to ckrebs@primaris.org.
Content Reviewed	<ul style="list-style-type: none"> ➤ Meaningful Use overview and brief discussion ➤ Workgroup deliverables and timeline ➤ Stakeholder feedback ➤ Draft Strategic Plan ➤ Next Steps <p>Materials are available online at http://dss.mo.gov/hie/leadership/index.shtml</p>
Key Commentary & Discussion	<p>Meaningful Use overview and discussion</p> <ul style="list-style-type: none"> ➤ What are the implications for health information exchange (HIE)? Stage 1 Meaningful Uses requirements emphasize medications, pharmacy, and clinical lab exchange. These requirements may be achieved regardless of statewide HIE. <ul style="list-style-type: none"> ○ From a provider and consumer perspective, achieving meaningful use requirements through point-to-point interfaces will likely lead to <ul style="list-style-type: none"> ○ Higher integration costs ○ Information silos ○ Disparity among “haves and have nots” ➤ The Federal rule is not overly prescriptive. There is great urgency to provide a solution that adds great value, but also lowers cost. ➤ Meaningful Use objectives and measures for 2011 <ul style="list-style-type: none"> ○ Objectives are associated with quantitative measures; for example, medication reconciliation is associated with an 80% measure (continuous daily use for a 90 day period in the first year). ○ CMS is only requiring attestation for electronic reporting in 2011 ○ EHR quality reporting measures must be electronically transmitted ○ Clinical data exchange only requires the ability to do a one-time test/demonstration <p>Stakeholder feedback</p> <ul style="list-style-type: none"> ➤ Slide content reflects input received via email or through the web-based

survey (<http://www.surveymonkey.com/s/36XPF8N>)

Strategic Plan Discussion

- Overall/General comments on the draft Strategic Plan
 - The Environmental Scan describes public and private health IT efforts, but does not describe efforts of for-profit EMR vendors – *stakeholders are encouraged to submit additional information for consideration in the Environmental Scan; please send content to kwallis@manatt.com*
- Overview (Section 5.1)
 - Second paragraph describing process should be removed
 - HIE Services Stack – 3 layers
 - Top layer is not under the state's control, but the Statewide HIO has to interact with it
 - Middle layer has a lot of clinical services – *Business and Technical Operations Workgroup is addressing prioritization of services*
 - Integration with state assets is important
 - Any services will be across the public internet, using secure web services connectivity
 - Advanced directives should be removed from the services stack to reflect Meaningful Use guidance
 - Augment language to indicate suggested services would be shared
 - Figures 8 and 9 should be revised in a future iteration of the Strategic Plan
 - It is implied that transport layer security (TLS) protocol with mutual authentication meets HIPAA and NIST standards
- Principles (Section 5.2)
 - Augment principles to reflect the need for network reliability and availability, scalability – suggest utilizing engineering best practices
- Patterns/Technical Approach (Section 5.3)
 - May want to provide more details around the uses of an Enterprise Service Bus (ESB) pattern
- Services (Section 5.4)
- Core Infrastructure (Section 5.5)
 - The Workgroup supports some form of an MPI as part of core infrastructure services
 - The Departmental Client Number (DCN) currently in use by the Department of Social Services (DSS) and Department of Health and Senior Services (DHSS) is a state asset that may be leveraged for a statewide MPI
 - It is not clear that only the public Internet should be utilized for infrastructure purposes – suggest removing public from Figure 9 as to not prohibit connectivity with private networks
 - MO Telehealth Network (MTN) private backbone is in place and may be leveraged
 - ONC uses two way SSL to address; should the Statewide HIO connect to the NHIN it would be over the public internet
 - NHIN Connectivity is an important requirement; ONC will demand a significant level of scale for NHIN participation
 - ONC will likely require capacity testing as part of its certification process
 - If there is existing infrastructure in place in Missouri to transfer large amounts of data it should be leveraged
 - States may be uniquely qualified to provide directories; several

	<p>directories are detailed in the draft Strategic Plan</p> <ul style="list-style-type: none"> • The state may have the capability to do fraud recovery – <i>this is outside of clinical exchange but may be addressed later</i> • Core infrastructure should enable/support statewide HIE services <ul style="list-style-type: none"> ▪ Core infrastructure services – suggest removing advance directives <ul style="list-style-type: none"> • Core infrastructure to support analytics will be addressed in operational planning ▪ The goal is to provide a sustainable exchange; the Workgroup needs to determine the minimal set of required core services to support exchange ▪ A decision has not been made regarding document storage v. record locator service ▪ Secure messaging is typically supported by security services <ul style="list-style-type: none"> • May require VPN connection or digital PKI certificate. ▪ Policy decisions relative to security (authorization, authentication, and audit) will inform technical implementation ▪ It has not been determined if the Statewide HIO will provide public health reporting services <ul style="list-style-type: none"> • Suggest changing Strategic Plan language to “enabling reporting services” ▪ Subscriptions and notifications (also known as NHIN HIE Event messaging) should be added as a core service • Potential Directories required for core services <ul style="list-style-type: none"> ▪ Most large institutions and states think they will need a provider directory <ul style="list-style-type: none"> • MO initiatives may have enhanced master provider registries ▪ Directories should remain in draft Strategic Plan and the Statewide HIO should ensure their availability ▪ Clinician/Provider directory encompasses all eligible professionals (EPs) as outlined in Meaningful Use guidance ▪ Facility directories will be important ▪ MPI may be augmented with functionality to indicate consumer preferences; this is not required and is too granular for purposes of the Strategic Plan
Key Decisions	<ul style="list-style-type: none"> ➤ The Workgroup agreed on core infrastructure services to be listed in the draft Strategic Plan ➤ The Workgroup supports some form of an MPI as part of core infrastructure services ➤ There is agreement around the principle: Leverage Everything Possible/Avoid Creating Redundant Services. ➤ The core infrastructure must support statewide HIE services ➤ The Strategic Plan content should reflect updated Meaningful Use guidance
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**Workgroup
Staff Contact
Information**

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